

# South Dakota Department of Health Tobacco Control Program Annual Report Fiscal Year 2006

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Tobacco use remains the leading cause of preventable death in South Dakota. More deaths are caused each year by tobacco use than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders *combined*.

In South Dakota, the Department of Health (DOH) is the lead agency for the statewide management of tobacco use prevention and cessation efforts. The Tobacco Control Program (TCP) works to reduce the morbidity and mortality caused by tobacco use, and focuses efforts in three goal areas:

- Reduce the number of young people who start using tobacco;
- Increase the number of people who quit using tobacco; and
- Reduce the number of nonsmokers exposed to secondhand smoke.

The Tobacco Control Program is involved in a variety of activities that are designed to achieve these goals – all of which are based on the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. The nine components of comprehensive tobacco control are: (1) community programming; (2) linkage to chronic disease programs; (3) school programming; (4) linkage to enforcement of tobacco control policies; (5) statewide programming; (6) counter-marketing; (7) cessation programming; (8) surveillance and evaluation; and (9) administration and management. The following summarizes program efforts in each of the nine component areas.

## ❖ **Community Programming**

Community-based programs are an effective part of comprehensive prevention efforts and involve local community members such as business leaders, health care providers, school personnel, young people, parents, and others interested in tobacco prevention and control efforts.

In fiscal year 2006 the DOH awarded 15 communities up to \$18,000 each to support community-wide tobacco prevention efforts. The program also offers each community technical assistance throughout the year. The coalition awards were made through a competitive RFP process from applications received based on the population being served, activities proposed, and available funding. Community-based coalitions funded included: Aberdeen, Brookings, Chamberlain, Flandreau, Ft. Thompson, Hamlin County, Mitchell, Rapid City, Roslyn/Webster, Sioux Falls, Sturgis, Vermillion, Wagner, Watertown, and Yankton.

Community-wide coalitions carry out a variety of tobacco prevention activities throughout the year. In addition, the program provides resources and assistance to other individuals and groups working on tobacco prevention where there is not a broad-based, community coalition. During the past year, examples of the efforts conducted at the local level include:

- Working with employers to encourage tobacco cessation and tobacco-free policies to protect nonsmokers and support employees who are trying to quit using tobacco.

- Working with healthcare providers who offer perinatal education and cessation support to expectant and new parents on the dangers of tobacco not only to the mother smoking, but also the baby and others in the home.
- Providing education and counter-marketing to the public about the dangers of tobacco use and secondhand smoke, including messages specifically for American Indian people in South Dakota.
- Increasing awareness of credible cessation services for the general public available through health care providers, schools, and others within their community.
- Promoting tobacco-free lifestyles and smoke-free/tobacco-free options where people can live, work, and play.
- Reinforcing the "social norm" that the majority of people do not use tobacco.
- Providing culturally-sensitive tobacco prevention education and messaging about the dangers of commercial tobacco use.
- Sponsoring teacher training and tobacco prevention curricula, as well as other assistance to schools.
- Providing a variety of educational materials and resources to communities, schools, other agencies, and individuals interested in tobacco prevention.

#### ❖ **Linkage to Chronic Disease Programs**

Addressing tobacco prevention in conjunction with chronic disease programs ensures wider dissemination of information. This linkage also leads to a broad range of methods to increase prevention and cessation efforts, especially for people with diseases exacerbated by tobacco use.

The Tobacco Control Program works closely with chronic disease programs such as the Diabetes Prevention and Control Program, the *All Women Count!* - Breast and Cervical Cancer Control and Chronic Disease Screening Programs, and Healthy SD whose staff address physical activity and nutrition and cardiovascular health. Staff collaborate to promote cessation, and educate the public about the dangers of tobacco use and the harmful effects of secondhand smoke. Examples of efforts include:

- Information about the South Dakota QuitLine (QL) and tobacco prevention is included in educational and communication materials of chronic disease programs. For example, information about the QuitLine was sent to over 2,400 tobacco users enrolled in the Breast and Cervical Cancer Control Program. The Diabetes Prevention and Control Program provides a diabetes case management program to clinicians, which includes reminders to ask patients about tobacco use and document advice and referrals to help them quit. The system was enhanced again this past year to increase health care professional's consistent advice to quit using tobacco and monitor their impact on patient behavior. The program also includes QuitLine information on their educational materials. The Cardiovascular Health staff work with the TCP to promote the QuitLine and tobacco-free policy information to the public through various projects, such as worksite wellness materials which are given to employers across the state and the Healthy Hunter Campaign.
- Tobacco cessation and prevention information is linked to the following chronic disease program websites: Breast and Cervical Cancer, Diabetes Prevention and Control Program, and *Healthy South Dakota*.
- The *All Women Count!* Program (providing cancer, cardiovascular, and diabetes screening) uses clinician manuals on treating tobacco cessation and QL referral

materials, developed and distributed with support from the Tobacco Control Program.

❖ **School Programming**

Several studies have shown that school-based tobacco prevention programs can reduce or delay smoking. The impact of these programs can be increased by conducting other efforts, such as counter-marketing and community-wide prevention efforts including promoting tobacco-free policies. Tobacco Control Program staff work with others such as the Department of Education's Coordinated School Health Program, prevention resource centers, and local coalitions to encourage schools to implement evidence-based, tobacco prevention curricula and programming.

The Tobacco Control Program offers resources to schools interested in implementing tobacco-free policies and programs. Examples of some activities involved in school programming include:

- Collaborating with the Departments of Education and Human Services to provide more than 70 teachers in 38 schools with training and materials to implement evidence-based tobacco prevention curriculum.
- Preparing more than 135 middle and high school students from 12 different communities to become mentors to younger children and educate others about the dangers of tobacco use, using the American Lung Association's Teens Against Tobacco Use (TATU) program.
- Preparing adults interested in conducting TATU trainings for students within their local community.
- Providing tobacco prevention resources to administrators attending the school superintendents' annual conference.
- Collaborating with the Department of Education to mail tobacco prevention resource information to more than 400 school personnel.
- Placing tobacco prevention messaging in various high school publications around the state.

In May 2006, the DOH awarded funding to the six public universities (Black Hills State University, Spearfish; Dakota State University, Madison; Northern State University, Aberdeen; South Dakota School of Mines & Technology Rapid City; South Dakota State University, Brookings; University of South Dakota, Vermillion) in South Dakota and three school districts serving grades K-12. The purpose of these projects is to conduct effective and innovative tobacco prevention efforts for possible replication. Each recipient is charged with working to reduce initiation of tobacco use, reduce nonsmokers' exposure to secondhand smoke (SHS), and increase tobacco cessation.

The K-12 districts selected for this project (Custer, Mitchell and Watertown) have existing tobacco-free policy for buildings, grounds and student activities; participate in surveillance and evaluations surveys conducted by the DOH, such as the Youth Tobacco Survey (YTS) and Youth Risk Behavior Survey (YRBS); and use evidence-based, effective tobacco prevention curriculum in the school district. In addition, the districts were located in three different geographic regions of the state and represent a mix of population sizes.

❖ **Linkage to Enforcement of Tobacco Control Policies**

Enforcing tobacco control policies sends a message to the public that such policies are important and supports the social norm that most people do not use tobacco.

The Tobacco Control Program works to support tobacco-free policies as a means of reducing the negative role modeling to children and protecting nonsmokers from secondhand smoke. Support includes supplying educational materials about the dangers of tobacco use, signage about existing policies and state law, sample policies for organizations interested in voluntary smoke-free and tobacco-free policies. In fiscal year 2006, the Tobacco Control Program provided over 1,300 aluminum (policy reminder) signs to more than 100 communities across the state. Organizations that requested signs included schools, businesses, health care facilities and tribal entities that provide a smoke - or tobacco-free environment.

❖ **Statewide Programming**

Statewide programming increases the effectiveness of local efforts, enhances the skills and resources of local prevention volunteers and makes valuable use of resources that would otherwise be difficult for individuals and local organizations to obtain. Examples of statewide programming conducted by the Tobacco Control Program include:

- In November 2005, Governor Rounds partnered with Avera Health, Rapid City Regional Health System, and Sioux Valley Hospital and Health Systems to announce a Tobacco-Free Initiative, which included tobacco-free buildings and grounds policies for the executive branch of the state government as well as the three health systems. The policies went into effect May 31, 2006. The program has expanded efforts to encourage employers to implement tobacco-free policy and support tobacco cessation by providing additional tools and resources to employers and community members working on tobacco prevention. Business kits with information about implementing tobacco-free policy and supporting employee cessation are being distributed around the state and a tobacco-free webpage was launched at [www.healthysd.gov/tobaccofree.html](http://www.healthysd.gov/tobaccofree.html). Both of these projects will help employers provide an environment that offers the opportunity and resources to optimize the health and well-being of employees and the customers who do business with them.
- The TCP along with Sioux Valley Clinic-Watertown, Avera McKennan Health and Disease Management, and GlaxoSmithKline sponsored a tobacco prevention workshop in August 2005. The meeting provided an opportunity for more than 80 coalition members from communities around the state to receive tobacco prevention education and resources. This seminar featured speakers from around the region and the nation presenting the latest information about tobacco prevention interventions and cessation.
- The TCP provides members of the South Dakota Tribal Tobacco Coalition, staff from Aberdeen Area Tribal Chairmen's Health Board (AATCHB), and other tribal agencies and communities with commercial tobacco prevention resources, including radio, print, and TV media produced specifically for American Indian people in the state. Materials from this campaign were public-service award winners in competitions at the state and regional level for the American Advertising Federation.
- The TCP supports the efforts of medical, dental, and other health professionals and organizations around the state to advise patients to quit using tobacco, including the DOH's Baby Care staff providing case management and resources to high risk, pregnant females and new parents. The program also provides education and written materials, such as the "You Can Quit" series to clinicians serving a variety of other populations as well.
- The TCP shares tobacco-related resources and materials with numerous organizations, individuals, and state agencies. The program distributed more than

- 130,000 educational pieces of tobacco prevention and cessation materials to more than 65 different communities across the state. For example, information about the SD QuitLine and the health hazards of secondhand smoke were provided to families served by the Women Infants and Children (WIC) Supplemental Nutrition Education program, clients of the *All Women Count*, Breast and Cervical Cancer Program and Department of Social Services clients (i.e., Medicaid and TANF). Other recipients of educational and cessation resources included clinicians in private and public health practice across the state, tribal and IHS health facilities, and the Ronald McDonald Care Mobile. The program also shares resources with statewide groups such as the South Dakota Tribal Tobacco Coalition, the Oral Health Program, and staff working to address cardiovascular health and physical activity, as well as dental professionals to coordinate ongoing efforts to reduce death and disease caused by tobacco use.
- In October 2005, the TCP provided support to tribes to implement tobacco-free policy (for commercial tobacco use) by providing the *Tribal Tobacco Policy Workbook* to tribal leaders attending the IHS/Aberdeen Area Tribal Chairmen's annual conference. The TCP also provided this resource along with numerous others and staff support to members of several American Indian community coalitions and the South Dakota Tribal Tobacco Coalition.

#### ❖ **Counter- Marketing**

Tobacco products are among the most intensely advertised and promoted products in the United States. Marketing expenditures reported by manufacturers to the Federal Trade Commission in August 2005 were the highest ever reported – over \$15 billion was spent by the major tobacco manufacturers in 2003. Nearly \$11 billion was spent on “price discounts paid to retailers or wholesalers to reduce the price of cigarettes to consumers” – the largest single category of expenditures reported by the tobacco manufacturers. While the industry also reported spending on advertising intended to reduce youth smoking, the World Health Organization reports that research independent of the tobacco industry found that youth exposed to a major tobacco manufacturer's ads were more likely to be open to the idea of smoking.

Research has shown that state-sponsored, anti-tobacco advertising is associated with greater anti-tobacco sentiment and reduced smoking, especially when combined with other prevention efforts. Therefore, it is important to conduct counter-marketing and other components of comprehensive tobacco control to counteract pro-tobacco influences.

The DOH conducted a variety of media campaigns to counter pro-tobacco influences including:

- Spit Tobacco Use Prevention (November 2005 - May 2006) – Spit tobacco prevention ads were placed in tournament programs for sporting events across the states, targeting youth prevention.
- Secondhand Smoke/Pregnant Women (December 2005 - March 2006) – The campaign used secondhand smoke and pregnant women TV ads used successfully by other states. Placement was designed to reach 18 to 34 year-olds, particularly women.
- Tobacco Cessation/QuitLine Promotion (February 2006 - March 2006) – TV ads developed for the South Dakota QuitLine were used for this cessation campaign. Ads targeted adult and young adult smokers encouraging them to use the QuitLine's services.

- 2nd Opportunity QuitLine Promotion (March, May 2006) – In March, a postcard was mailed to individuals around the state to inform them of the opportunity to use the QuitLine if they or someone they knew had relapsed. In May, a flyer informing people about the opportunity to use the line a second time was developed and inserted in newspapers across the state.
- Spit Tobacco/Secondhand Smoke (April 2006 - June 2006) – The campaign used spit tobacco and secondhand smoke radio and TV ads used successfully by other states. Placement targeted young adults across the state.
- Tobacco Cessation/QuitLine Promotion (May 2006) – A newspaper ad promoting the QuitLine and tobacco cessation in support of state government's tobacco-free campus initiative ran in the state's largest newspapers.

The Tobacco Control Program also provided support and technical assistance to communities across the state with local counter marketing activities. The program provided access to professionally developed and tested messages and media, assisted with news releases about local prevention efforts, provided prevention information and materials to members of the South Dakota Tribal Coalition, provided public access to several educational pieces through the DOH resource web page:

<http://www.state.sd.us/DOH/catalog.htm>, as well as through mailings and distribution at public events.

#### ❖ **Cessation Programming**

According to preliminary data from the 2005 Behavioral Risk Factor Surveillance System (BRFSS), 19.8% of adult South Dakotans are current smokers. More than 70% of smokers want to quit but few succeed without help. According to the CDC publication *Coverage for Tobacco Use Cessation Treatments*, tobacco cessation treatment at least *doubles* quitting success rates. Tobacco use cessation treatment is the single most cost-effective health insurance benefit for adults that can be provided to employees.

The South Dakota QuitLine provides statewide access to toll-free, telephone cessation counseling and also offers discounted nicotine replacement patches or prescription medicine to participants. As of June 30, 2006, the QuitLine has provided cessation services to more than 26,700 individuals since it started in January 2002; over 3,800 tobacco users in calendar year 2005. In the fourth year of operation, the statewide QuitLine demonstrated a 23% quit rate, 12 months after service, for respondents reached at follow-up. In comparison, only about 5% of people who try to quit on their own are still abstinent a year later.

The QuitLine has addressed many barriers that hinder attempts to quit using tobacco. For example the services are provided in the privacy of one's own home at a time most convenient for them. Support of healthcare providers continues to be very strong.

Beginning in April 2005, tobacco users who had tried the QuitLine once before were given a second opportunity to use the service. In fiscal year 2006, 778 people from across the state called the QuitLine to use the service for a second time to obtain help needed to quit using tobacco. Outcome data for these users will be collected as with other participants to determine their quit status, beginning at 7 and 13 months after they quit. Therefore, outcome reporting on these QuitLine users is expected in September 2007.

In addition to supporting the statewide tobacco QuitLine, the Tobacco Control Program has provided other cessation education and resources to health care professionals and

employers around the state. Examples of the resources are written materials with quit tips for patients, quit kits with materials and ideas to help them overcome nicotine withdrawal and cravings, and resources to improve the ability of healthcare professionals to consistently encourage tobacco cessation. Additional details are described in the "Statewide Programming" section of this report.

#### ❖ **Surveillance and Evaluation**

Monitoring tobacco-related behaviors and attitudes provides valuable information about progress toward goals and prevalence of tobacco use.

The 2005 Youth Tobacco Survey (YTS) was conducted in middle schools across the state. Key findings from this survey and others with tobacco-related data are found at the end of this report, with the complete findings found on the TCP's webpage ([www.state.sd.us/doh/Tobacco/](http://www.state.sd.us/doh/Tobacco/)) along with other data related to tobacco use. Copies of reports were provided to participating school districts, the program's advisory committee, tobacco regional coordinators for the prevention coalitions in their region, other state agencies and are available upon request. In an effort to streamline data collection and reduce the number of surveys being conducted in schools (while maintaining an adequate level of surveillance), the Tobacco Control Program is collaborating with the Department of Education to use the Youth Risk Behavior Survey (YRBS) to obtain data about tobacco use by high school students. Results from the 2005 YRBS can also be found on the Department of Education's webpage (<http://doe.sd.gov/oess/schoolhealth/yrbs/>).

Other surveillance and evaluation tools used to monitor attitudes and behavior related to tobacco use include BRFSS, Adult Tobacco Survey and information from the DOH Office of Data, Statistics, and Vital Records. Using the data collected, prevention efforts at the state and local level can then be directed to areas of greatest need and within specific population groups showing high use, such as American Indians, people with low socio-economic status, pregnant females, and youth.

#### ❖ **Administration and Management**

Effective programming requires strong program management and coordination of a variety of different efforts. The following Tobacco Control Program staff integrate tobacco prevention efforts at the state and local level in all of the component areas of comprehensive tobacco control.

- The *Project Director* is responsible for overall program management, QuitLine coordination, monitoring of program budget, liaison with other statewide agencies and health care organizations, and
- The *Program Coordinator* focuses on CDC grant management and coordination of regional tobacco prevention efforts (i.e., local coalition support and oversight).

The program also enlists input from the Tobacco Advisory Committee which is made up of individuals working on tobacco prevention in various areas such as American Indian communities, medical and dental professions, professionals working with high school and college students, and partner organizations such as the American Cancer Society and the American Lung Association.

## TOBACCO CONSUMPTION

The best estimate available for tobacco consumption in South Dakota is collected by the South Dakota Department of Revenue and is based on cigarette tax stamps sold and the tax paid by wholesalers/distributors for other tobacco products. This indirect method of measuring consumption is also used by other states. The following figures represent the number of cigarette tax stamps sold in a fiscal year and the tax paid by wholesalers for other tobacco products.

<b>Fiscal Year</b>	<b># of Cigarette Tax Stamps Sold</b>	<b>Tax Paid by Wholesalers for Other Tobacco Products</b>
2006	53,527,292 for stamped packs of 20 cigarettes 139,340 for stamped packs of 25 cigarettes	\$1,478,894
2005	52,640,731 for stamped packs of 20 cigarettes 122,773 for stamped packs of 25 cigarettes	\$1,444,045
2004	52,322,330 for stamped packs of 20 cigarettes 153,701 for stamped packs of 25 cigarettes	\$1,362,950
2003	54,068,551 for stamped packs of 20 cigarettes 136,468 for stamped packs of 25 cigarettes	\$1,325,013
2002	56,265,587 for stamped packs of 20 cigarettes 131,739 for stamped packs of 25 cigarettes	\$1,246,834

NOTE: The tax rate for cigarettes increased on March 24, 2003 from \$0.33 per pack to \$0.53 per pack.

## TOBACCO CONTROL PROGRAM CONTRACTS (FY 2006)

NOTE: Some contracts may cross state fiscal years with services beginning in one year and continuing into another.

### ❖ Regional Tobacco Prevention Contracts

There were three regional prevention contracts held by the Tobacco Control Program in FY 2006. The purpose of these contracts is to provide prevention services and resources to individuals and organizations across the region, as well as to communities with organized tobacco prevention coalitions.

- Northeast Prevention Resource Center \$130,436  
Human Service Agency  
123 19th Street  
Watertown, South Dakota 57201  
*Contract Period:* June 1, 2005 – May 31, 2006  
*Administrative Costs:* \$10,762  
*Service Area:* Beadle, Brookings, Brown, Buffalo, Campbell, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Hand, Hughes, Hyde, Jerauld, Kingsbury, Lake, Marshall, McPherson, Miner, Moody, Potter, Roberts, Sanborn, Spink, Sully, and Walworth.  
*Funds awarded to community coalitions in the NE region through RFP process in FY06:*
  - Aberdeen \$13,320
  - Brookings \$14,976
  - Hamlin County \$8,640
  - Roslyn-Webster \$6552
  - Watertown \$15,880



*Comments:* This contract also provided statewide assistance to schools via training and materials to use the Life Skills tobacco prevention curriculum.

2. Southeast Prevention Resource Center \$124,221

Volunteers of America, Dakotas

1309 W. 51st Street

Sioux Falls, South Dakota 57105

*Contract Period:* June 1, 2005 – May 31, 2006

*Administrative Costs:* \$10,238

*Service Area:* Aurora, Bon Homme, Charles Mix, Clay, Davison, Gregory, Douglas, Hanson, Hutchinson, Lincoln, McCook, Minnehaha, Turner, Union, and Yankton.

*Funds awarded to community coalitions in the SE region through RFP process in FY06:*

- Mitchell \$13,802
- Sioux Falls \$13,212
- Vermillion \$10,008
- Yankton \$16,272

*Comments:* This contract included additional service to coordinate the annual, statewide tobacco prevention workshop for community-wide coalitions across the state.

3. Black Hills Special Services Coop \$259,458

221 S. Central Avenue

Pierre, SD 57501

*Contract Period:* June 1, 2005 – May 31, 2006

*Administrative Costs:* \$21,588

*Service Areas:* Bennett, Brule, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Shannon, Stanley, Todd, Tripp, and Ziebach and statewide American Indian communities.

*Funds awarded to western region and American Indian community coalitions through RFP process in FY06:*

- Flandreau \$3,267
- Ft. Thompson \$6,593
- Wagner \$3,060
- Chamberlain \$8,244
- Rapid City \$18,216
- Sturgis \$12,958

*Comments:* This contract also provides support for a statewide Cessation Coordinator.

❖ **South Dakota QuitLine**

There were two consultants associated with contracts for the operation and evaluation of the South Dakota QuitLine.

1. Avera McKennan Hospital & University Health Center

800 East 21<sup>st</sup> Street

Sioux Falls, SD 57105

*Contract Period:* June 1, 2004 – May 31, 2007

*Administrative Costs:* Administrative costs are not billed separately in this contract. This is a fee-for-service contract with the fees as follows: A minimum monthly payment of \$4,725 for intake calls and \$23,231.25 for counseling calls plus \$15.00 for each intake call over 300 calls/month or 3,600 calls annually, and \$100 for each

counseling call over 250 calls/month or 3,000 calls annually, and \$7 for each fax referral for which the consultant makes at least 3 separate attempts to proactively contact for counseling and provides the referring medical provider with a status report (for which the patient has given written permission to do so). In FY06, the amount paid to this consultant was \$515,634.

*Comments:* The purpose of the contract is to provide telephone-based tobacco cessation counseling services and promote the QuitLine, including a second opportunity for those who may have relapsed. Through the contract, tobacco users across the state have access to quit-tobacco assistance five days/week from 8:00 am to 8:00 pm, and Saturday from 10 am to 2:00 pm. In addition, Avera provides written support materials to callers; referrals to local cessation programs for interested callers; facilitates the process for participants to obtain approved cessation medication; and provides reports in aggregate form about call volume and demographic data of callers using the South Dakota QuitLine.

2. South Dakota State University \$49,866

College of Nursing

Box 2275

Brookings, SD 57007

*Contract Period:* March 15, 2005 – May 31, 2007

*Administrative Costs:* Administrative costs are not billed separately in this contract.

*Comments:* The purpose of this contract is to provide evaluation of QuitLine services and reporting of quit rates/participant outcomes and caller satisfaction with the QuitLine service they received. The data collected is used to direct program efforts and provide reports regarding tobacco prevention and cessation efforts to the DOH, the Legislature, and the public.

❖ **Tobacco Prevention & Cessation (Employer & Quit Kit) Development**

Imagine Agency, LLC

\$49,975

3615 Canyon Lake Dr.

Rapid City, SD 57702

*Contract Period:* November 1, 2005 – March 31, 2006

*Administrative Costs:* Administrative costs were not billed separately for this contract.

*Comments:* The purpose of the contract was to design and create tool kits for 1,000 employers to assist them to implement smoke-free/tobacco-free policies and support employees who want to quit using tobacco. The other purpose was to provide tobacco quit kits to be distributed to 7,500 people by healthcare providers and others advising tobacco users to quit. The kits are designed to encourage people to call the South Dakota QuitLine for support and help tobacco users during the process of withdrawal from nicotine addiction.

❖ **Youth Tobacco Survey**

Minnesota Institute of Public Health:

\$38,676

2720 Highway 10

Mounds View, MN 55112

*Contract Period:* June 1, 2005 – March 31, 2006

*Administrative Costs:* Administrative costs are not billed separately for this contract.

*Comments:* The purpose of this contract was to coordinate administration of the Youth Tobacco Survey in middle schools across the state and to collect, analyze, and report the 2005 data in collaboration with the CDC and South Dakota DOH.

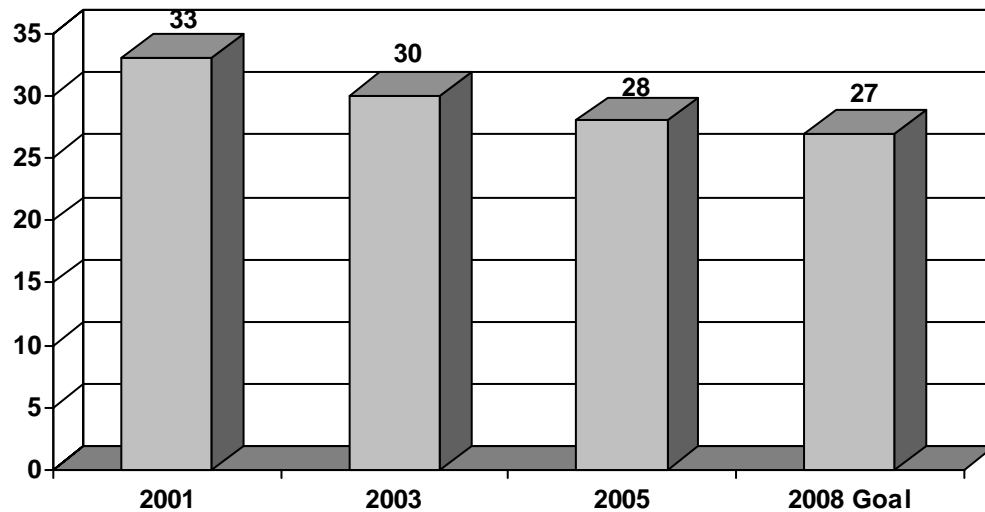
## PROGRAM EXPENDITURES

Tobacco Control Program Expenditures – FY 2006			
Program Area	Federal	State	Total
Community Programming	\$463,324	-	\$463,324
School Programming	\$168,997	\$135,499	\$304,497
Statewide Programming	\$23,121	\$8,711	\$31,832
Cessation Programming	\$85,140	\$541,419	\$626,558
Counter-Marketing	\$129,790	\$4,229	\$134,019
Surveillance/Evaluation	\$55,397	\$16,467	\$71,864
Administration/Management	\$158,935	\$1,558	\$160,492
<b>TOTAL</b>	<b>\$1,084,704</b>	<b>\$707,883</b>	<b>\$1,792,587</b>

## **ATTACHMENTS**

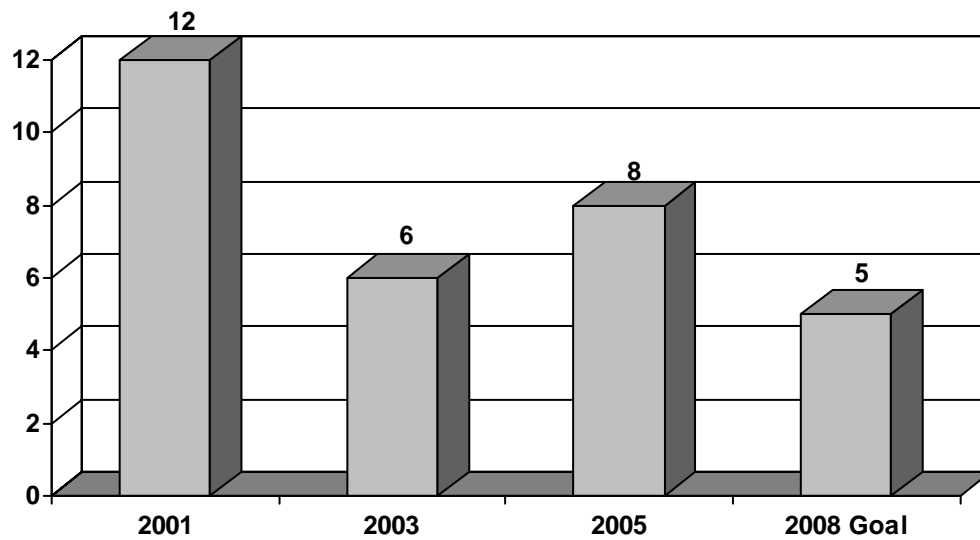
**Goal 1. Prevent young people from starting to use tobacco products.**

**Percent of Current Smokers, Grades 9-12**



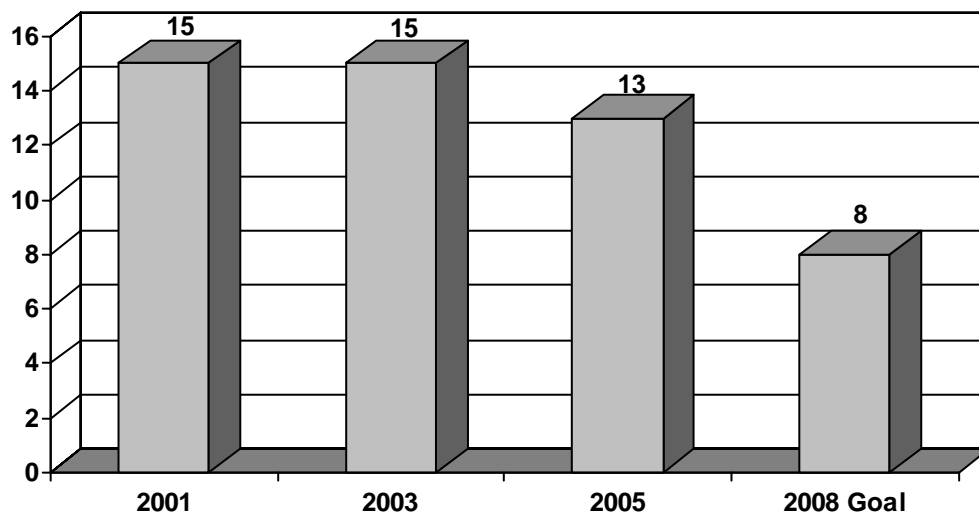
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

**Percent of Current Smokers, Grades 6-8**



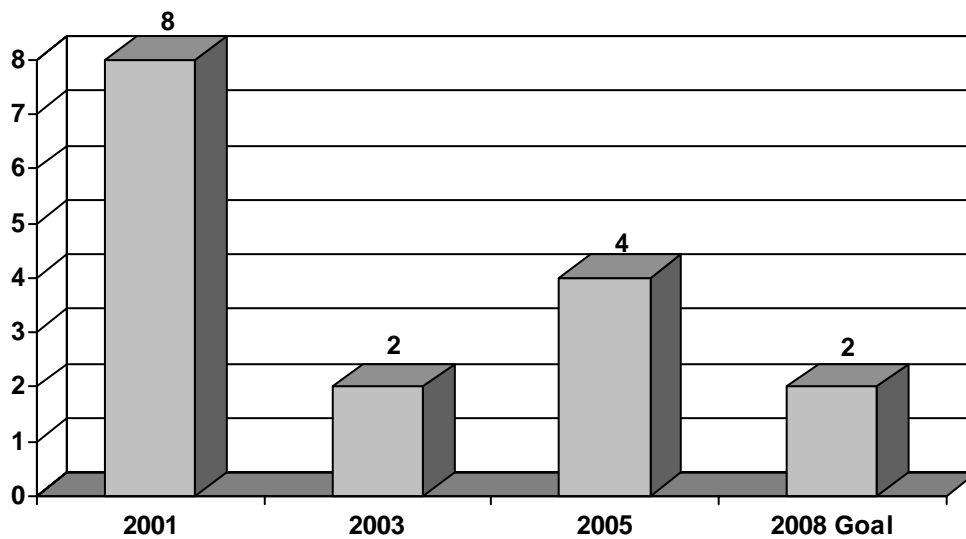
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

### Percent of Current Spit Tobacco Users, Grades 9-12



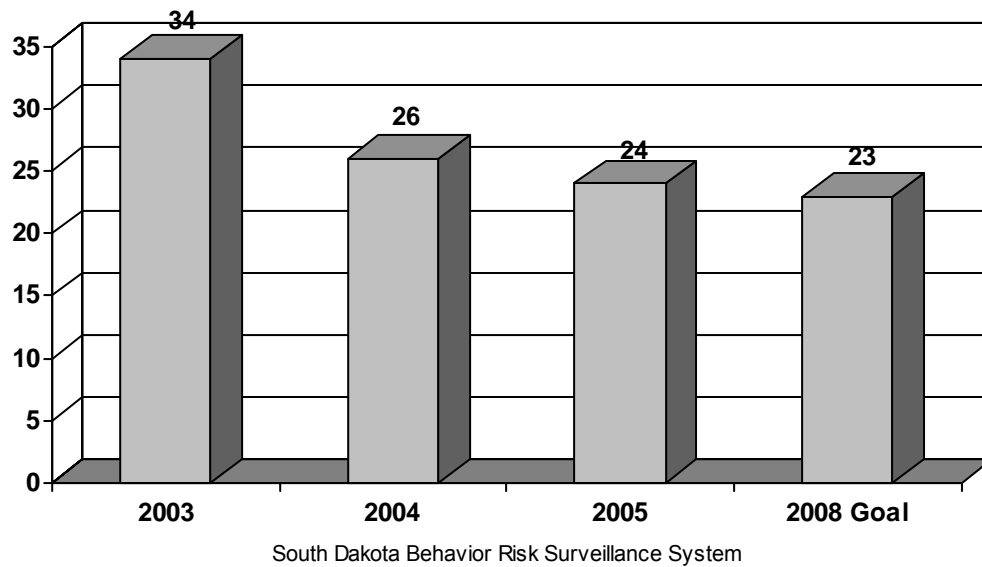
South Dakota Youth Behavior Risk Survey, Grades 9, 10, 11, and 12

### Percent of Current Spit Tobacco Users, Grades 6-8

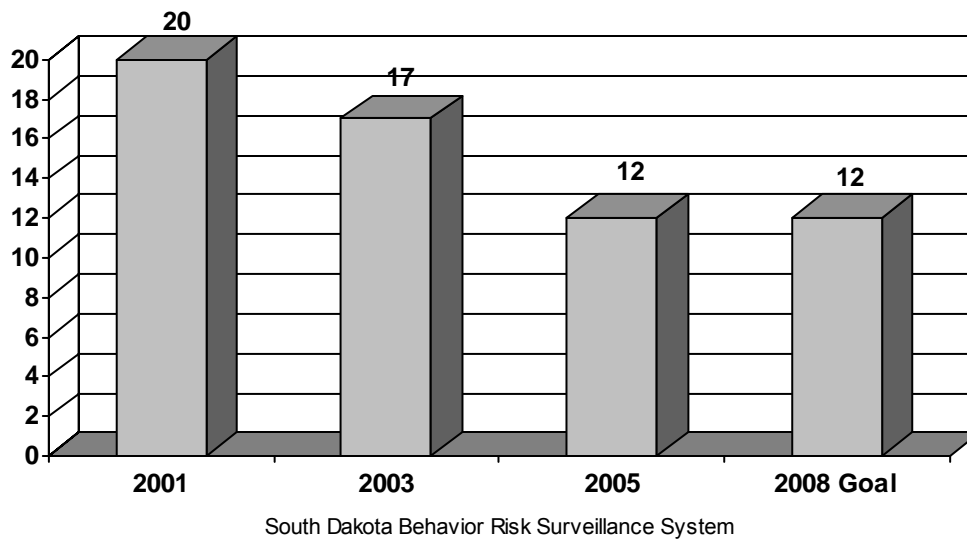


South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

**Percent of 18-24 year olds who smoke**

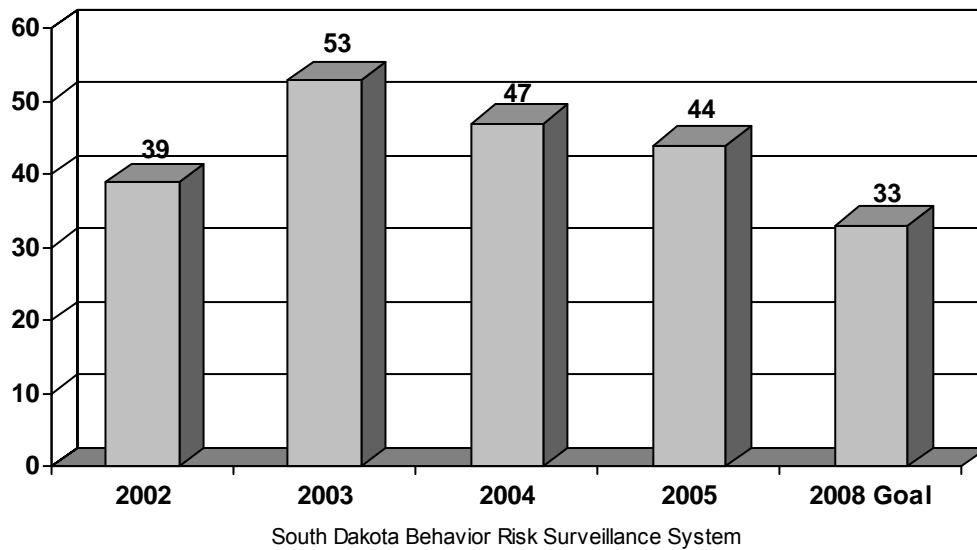


**Percent of 18-24 year old males who use spit tobacco  
(some days or every day)**

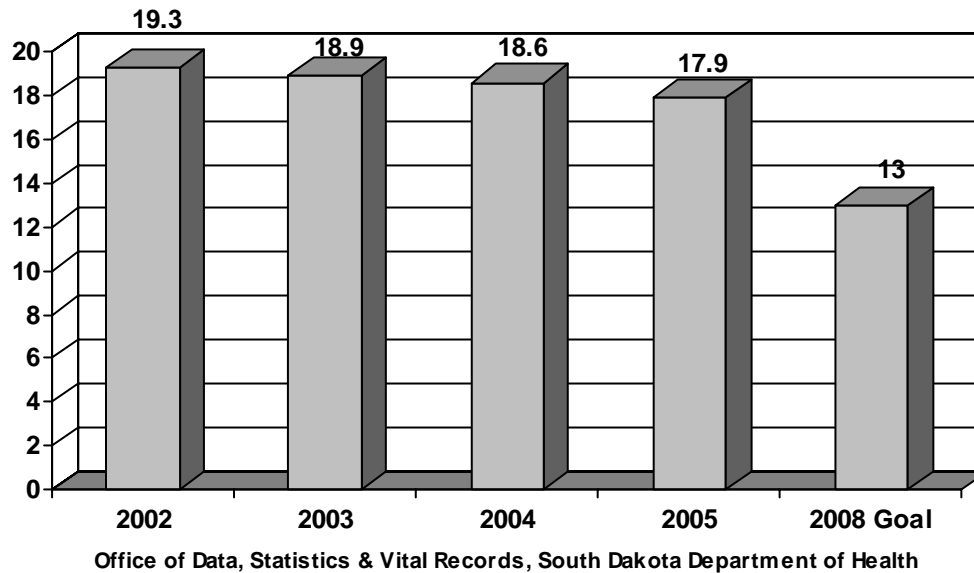


**Goal 2. Persuade and help smokers to stop smoking.**

**Percent of American Indians Who Smoke**

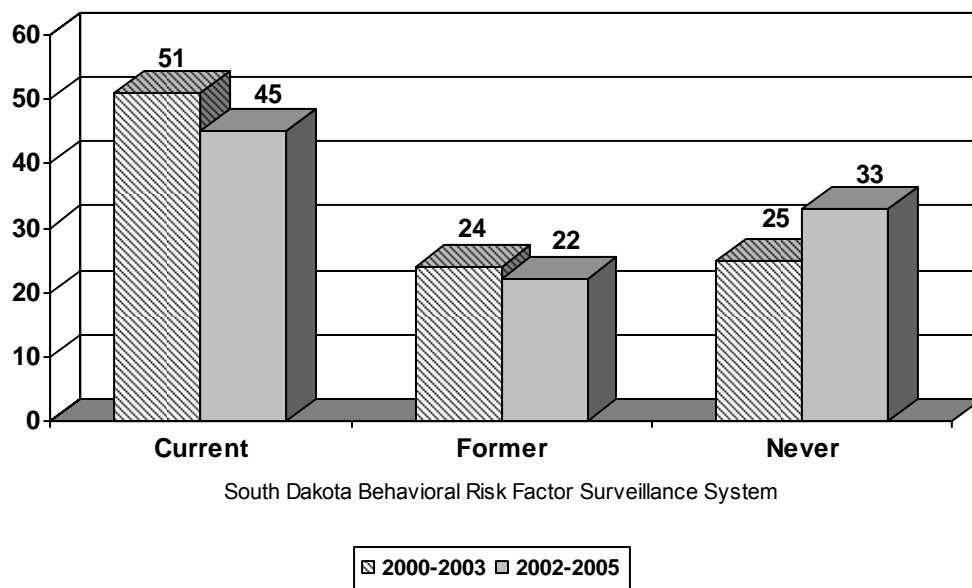


**Percent of Pregnant Females Who Smoke During Pregnancy**





### Percent of Medicaid Clients Who Smoke



### Goal 3. Protect nonsmokers by reducing their exposure to secondhand tobacco smoke.

According to the 2006 Surgeon General's Report, the scientific evidence is now indisputable; secondhand smoke is a serious health hazard to *nonsmokers*. There is no risk-free level of exposure to secondhand smoke. Separating smokers from nonsmokers, "cleaning" the air, and ventilating buildings *cannot* eliminate nonsmokers' exposure to secondhand smoke.

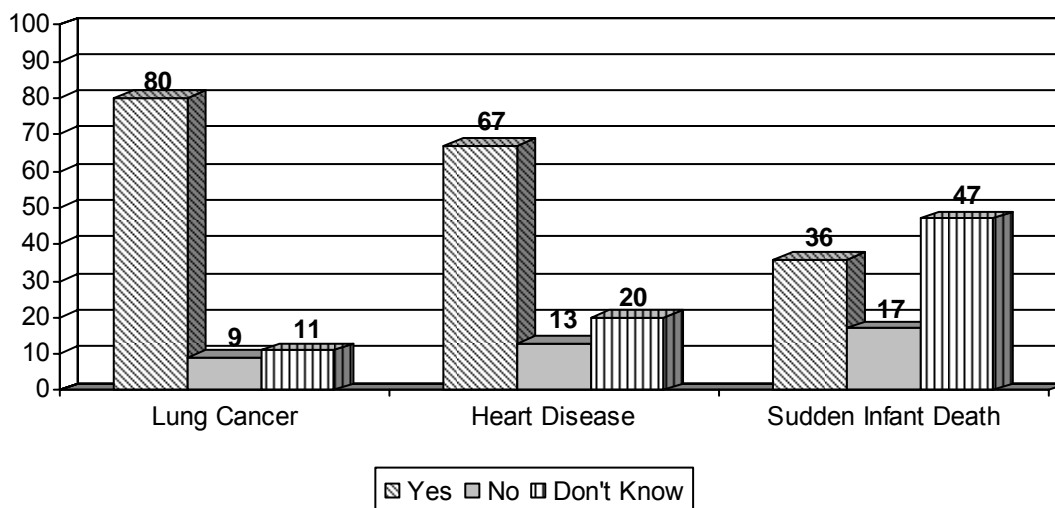
Secondhand smoke, the smoke given off the burning end of tobacco products and exhaled by smokers, is a human carcinogen (cancer-causing agent), and the National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen. Concentrations of many cancer-causing and toxic chemicals are *higher in secondhand smoke* than in the smoke inhaled by the smoker.

According to the 2005 South Dakota Behavioral Risk Factor Surveillance System (BRFSS), 83% of respondents working indoors report that the official policy does not allow smoking in any work areas.

*Nonsmokers* who are exposed to secondhand smoke at home or at work increase their risk for heart disease by 25-30% and lung cancer by 20-30%. Breathing secondhand smoke for *even a short time* can have immediate adverse effects on the respiratory and cardiovascular systems in ways that increase the risk of an asthma attack or even a heart attack.

The 2006 Surgeon General's report advises people who already have heart disease or respiratory conditions like asthma, to take special precautions to avoid even brief exposure to secondhand smoke.

**Percent who think breathing secondhand smoke causes lung cancer, heart disease, and sudden infant death syndrome**



Both babies whose mothers smoke while pregnant *and* babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke.

Children who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. These youth have a greater risk for many other health problems including ear infections, pneumonia, severe asthma attacks, and may have increased risk of poor reading and cognitive ability.